

State of Florida



Department of State

I certify the attached is a true and correct copy of the complete file of INVECON LLC, a limited liability company, organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this company is L14000095652.

I further certify that said company was administratively dissolved on September 23, 2022.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Ninth day of August, 2023



CR2E022 (01-11)


Cord Byrd
Secretary of State

AO386-C	
GOVERNMENT EXHIBIT	
CASE NO.	22-cr-20114-KMW
EXHIBIT NO.	9-2

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L14000095652
FILED 8:00 AM
June 16, 2014
Sec. Of State
jshivers**

Article I

The name of the Limited Liability Company is:

INVECON LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4101 NW 77TH AVE
MIAMI, FL. 33166

The mailing address of the Limited Liability Company is:

4101 NW 77TH AVE
MIAMI, FL. 33166

Article III

The name and Florida street address of the registered agent is:

DANIEL LISTE
4101 NW 77TH AVE
MIAMI, FL. 33166

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DANIEL LISTE

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
DANIEL LISTE
4101 NW 77TH AVE
MIAMI, FL. 33166

L14000095652
FILED 8:00 AM
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jshivers

Article V

The effective date for this Limited Liability Company shall be:

06/11/2014

Signature of member or an authorized representative

Electronic Signature: DANIEL LISTE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

**Feb 23, 2015
Secretary of State
CC8028662784**

DOCUMENT# L14000095652

Entity Name: INVECON LLC

Current Principal Place of Business:

1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129

Current Mailing Address:

1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129 US

FEI Number: 47-1130834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LISTE, DANIEL
1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LISTE, DANIEL
Address 1820 SW 3RD AVE SUITE 202
City-State-Zip: MIAMI FL 33129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL LISTE

MANAGER/ OWNER

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000095652

Entity Name: INVECON LLC

Current Principal Place of Business:

1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129

Current Mailing Address:

1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129 US

FEI Number: 47-1130834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUICK BOOKKEEPING OF DORAL LLC
1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEJANDRO DIAZ

04/05/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KAYMUS COMPANIES GROUP LLC
Address 1820 SW 3RD AVE SUITE 202
City-State-Zip: MIAMI FL 33129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEJANDRO DIAZ

ACCOUNTANT

04/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

DOCUMENT# L14000095652

Entity Name: INVECON LLC

Current Principal Place of Business:

1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129

Current Mailing Address:

1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129 US

FEI Number: 47-1130834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LISTE, DANIEL
1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DANIEL LISTE

04/18/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LISTE, DANIEL
Address 1820 SW 3RD AVE SUITE 202
City-State-Zip: MIAMI FL 33129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL LISTE

MANAGER

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

DOCUMENT# L14000095652

Entity Name: INVECON LLC

Current Principal Place of Business:

1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129

Current Mailing Address:

1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129 US

FEI Number: 47-1130834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LISTE, DANIEL
1820 SW 3RD AVE SUITE 202
MIAMI, FL 33129 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DANIEL LISTE

03/23/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LISTE, DANIEL
Address 1820 SW 3RD AVE SUITE 202
City-State-Zip: MIAMI FL 33129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL LISTE

MANAGER

03/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

DOCUMENT# L14000095652

Entity Name: INVECON LLC

Current Principal Place of Business:

100 SE 2ND ST SUITE 2000
MIAMI, FL 33131

Current Mailing Address:

100 SE 2ND ST SUITE 2000
MIAMI, FL 33131 US

FEI Number: 47-1130834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINTESSA ENTERPRISES INC
100 SE 2ND ST SUITE 2000
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE YCAZA

04/27/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name QUINTESSA ENTERPRISES INC
Address 100 SE 2ND ST SUITE 2000
City-State-Zip: MIAMI FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: QUINTESSA ENTERPRISES INC

MGR

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

DOCUMENT# L14000095652

Entity Name: INVECON LLC

Current Principal Place of Business:

100 SE 2ND ST SUITE 2000
MIAMI, FL 33131

Current Mailing Address:

100 SE 2ND ST SUITE 2000
MIAMI, FL 33131 US

FEI Number: 47-1130834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINTESSA ENTERPRISES INC
100 SE 2ND ST SUITE 2000
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE YCAZA

04/15/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name QUINTESSA ENTERPRISES INC
Address 100 SE 2ND ST SUITE 2000
City-State-Zip: MIAMI FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE LUIS YCAZA

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

DOCUMENT# L14000095652

Entity Name: INVECON LLC

Current Principal Place of Business:

14 NE 1ST AVENUE
1401
MIAMI, FL 33132

Current Mailing Address:

P.O. BOX 450447
MIAMI, FL 33245-0447 US

FEI Number: 47-1130834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUICK BOOKKEEPING OF DORAL LLC
7791 NW 46TH STREET
109
DORAL, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEJANDRO DIAZ

06/17/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	YCAZA, JOSE LUIS
Address	14 NE 1ST AVENUE 1401
City-State-Zip:	MIAMI FL 33132

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE LUIS YCAZA

MANAGER

06/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000095652

Entity Name: INVECON LLC

Current Principal Place of Business:

175 SW 7TH STREET
2416
MIAMI, FL 33130

Current Mailing Address:

P.O. BOX 450447
MIAMI, FL 33245-0447 US

FEI Number: 47-1130834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUICK BOOKKEEPING OF DORAL LLC
7791 NW 46TH STREET
109
DORAL, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEJANDRO DIAZ

04/28/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name YCAZA, JOSE LUIS
Address PO BOX 450447
City-State-Zip: MIAMI FL 33245-0447

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE LUIS YCAZA

MANAGER

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date



**CERTIFICATION OF PUBLIC RECORD
PURSUANT TO FED. R. EVID. 902(4)**

I, RoseAnn Varnadore, Bureau Chief for Commercial Information Services, Custodian of Records for the Division of Corporations, Florida Department of State, hereby certify that the attached are true copies of all filings of INVECON LLC, document number L14000095652 a limited liability company organized under the laws of the State of Florida, as shown by the official records on file with said Division.

A handwritten signature in black ink, appearing to read "RoseAnn Varnadore".

RoseAnn Varnadore
August 11, 2023

